COMMONWEALTH OF VIRGINIA **DECLARATION OF CANDIDACY**

I, FIRST NAME	MIDDLE OR MAIDEN NAM	E	LAST NAME		SUFFIX, IF ANY
RESIDENT ADDRESS				· · · · · ·	
of the city/county/town of					
the office of	in	theENTER CONGRESSIONAL, ST	ATE SENATE OR HOUSE, O	R LOCAL DISTRICT, IF APPLICA	BLE; OTHERWISE LEAVE BLAN
District in the election to be hel-					
Gene	ral	Special			
Demo	ocratic Primary	Republic	an Primary		
If I am a candidate in a primary be used in the succeeding gener		n the primary, m	,	to be printed o	on the ballots to
Given under my hand th	uis day of			20	
		SIGNATURE OF CANDIDATE			
		PRINTED NAME OF CANDIDA	ΓE		
		MAILING ADDRESS			
		CITY/TOWN		STATE	ZIP
:		(AREA CODE) HOME TELEPH	ONE	(AREA CODE) OFFICE	TELEPHONE
THIS DECLARATION MUST BE ACKN WITNESSED BEFORE TWO PERSONS REG					
To be completed by witnesses O	R notary			•	
State of		County/Cit	y of		
	, whose nam	ne is signed to the	e foregoing in	strument, has a	acknowledged
PRINT NAME OF CANDIDATE the same before me this	day of	, 20	•		
WITNESSED:			 -		
1. SIGNATURE OF QUALIFIED VOTER		2. SIGNATURE	OF QUALIFIED VOTER		
PRINT FULL NAME		PRINT FULL	NAME		
RESIDENT ADDRESS		RESIDENT A	DDRESS		
CITY/TOWN	ΖiP	CITY/TOWN	······································		ZIP
211		My com	ımission expi	res	•

THIS DECLARATION OF CANDIDACY MUST BE FILED WITH PETITIONS CONTAINING THE REQUIRED NUMBER OF SIGNATURES OF REGISTERED VOTERS. TO OBTAINALL REQUIRED FORMS AND CANDIDATE INFORMATION BULLETINS WHICH DETAIL QUALIFICATIONS, NUMBER OF SIGNATURES REQUIRED, WHERE TO FILE AND FILING DEADLINES, CALL THE STATE BOARD OF ELECTIONS AT:

804-786-6551 OR OUTSIDE THE RICHMOND CALLING AREA. TOLL-FREE 800-552-9745.